

*Next Meeting – Monday, October 1, 2007 – 2 PM
Appoquinimink State Service Center
Middletown, Delaware*

**STATE COUNCIL FOR PERSONS WITH DISABILITIES
BRAIN INJURY COMMITTEE
September 10, 2007 – 2:00 PM
Dover AFB
Dover, DE**

PRESENT: John Goodier, Chair; Brian Hartman, Co-Chair; Ray Brouillette, Easter Seals; Collette McKee, BIAD; Linda Heller, DSAAPD; Mike Merrill, VR/U.S. DVA; Liz Schantz, Consumer; Al Rose, DDC; Wendy Strauss, GACEC; Kyle Hodges, Staff and Linda Bates, Support Staff

ABSENT: Dr. Jane Crowley, A.I. DuPont Hospital; Virginia Corrigan, Christiana Care; Laura Cygan, DPH; Aaron Deede, Consumer; Ellen deVrind, Christiana Counseling; Tony Horstman, SCPD; Dr. Dan Keating, Bancroft Neurohealth; Janet Leitch, Consumer; Lora Lewis, DPH; Chris Long, DDDS; Beth Mineo Mollica, DATI; Dr. Bradley Meier, DPC; Tom Parvis, DVR; Ann Phillips, Parent and Dawn Stewart, Healthy Living

CALL TO ORDER

The meeting was called to order at 2:15 PM.

APPROVAL OF MINUTES

Motion was made, seconded and approved to accept the August 6, 2007 meeting minutes as submitted.

AGENDA ADDITIONS/DELETIONS

- None.

BUSINESS

Dover Air Force Base Transition Assistance Program

Tammy Edwards, Community Relations Consultant for the Transition Assistance Program (TAP), provided TAP hand-outs and also gave an overview of the program as follows—

- The goal of the TAP program is to assist military personnel in transitioning to life as a civilian.

- TAP has 12 programs which includes information on employment opportunities, health and life insurance, educational opportunities, VA loans and disability benefits.
- They provide a four hour TAP workshop (TAP program not mandatory for the Air Force; but it is for all other services).
- There is an 18 month transitional health insurance for those who “separate” which is expensive. Insurance is provided only if employed.
- A 0% disability benefit may be provided in situations in which the disability has not yet had a major impact on the person’s life.
- Disability compensation is provided when there is an illness, injury, or condition which occurs while on active duty. It does not have to be during combat or work related.
- Veteran Service Organizations have officers at the VA hospital.
- Palace Hart Program (PHP) this program is in effect when military personnel arrive home with a disability and have to go to a major medical facility. The nearest Family Readiness Center gets a family liaison officer from their squadron. If not serious, try and get them back to active duty. They are re-evaluated every six months. A PHP participant can go through the DTAP program.
- Major disability injuries go through an air force base hospital and are then referred to a Polytrauma site. A Transition Patient Advocate from this site will stay with the veteran through all the services.
- Tammy also noted that the Air Force is trimming 55,000 military and civilian personnel.

PATBI Report

I. DOE Final ESY Regulations [11 DE Reg. 181 (August 1, 2007)]

Consistent with Brian’s August PATBI report, the DOE adopted a regulation in August which effectively eliminates the automatic eligibility of students with TBI (and deaf-blindness; autism; TMH; SMH) for summer school. Brian recommended that the SCPD prepare a letter to the Governor (and her counsel) and House and Senate Education Committee members.

At the August 6 meeting, multiple organizations authorized their inclusion as supporting agencies in the correspondence. The GACEC issued the attached August 30 letter to elected officials and the SCPD is expected to follow up with \conforming correspondence.

II. DDDS Eligibility Regulation

Consistent with Brian’s August PATBI report, the Division of Developmental Disabilities Services published a proposed eligibility regulation in July which deletes the existing authorization to cover individuals with brain injury. The DLP spearheaded the effort to restore “brain injury” and “other neurological disorders” to the proposed

eligibility standards. The Division planned to consider the comments received in July and reissue a revised proposed draft in September. However, the September issue of the Registry of Regulations did not include a new draft. This is a favorable development since the current regulation remains in effect and it suggests that DDDS is devoting extra time to reconsideration of the proposed standards.

Brian added that the proposed regulation should be included in the October or November Registry of Regulations.

III. Child Safety Restraint Standards

Consistent with an August 6, 2007 News Journal article, July 26, 2007 press release, and Title 21 Del.C. §4803, Delaware has amended its child vehicle restraint law. The former statute required children under age 6 and weighing less than 60 lbs. to use a child safety or booster seat. The new statute requires that children under age 7 and weighing less than 65 lbs. must use a child safety or booster seat. The standard is disjunctive, i.e., a child who is age 8 or who weighs 65 lbs. does not have to be placed in a child safety or booster seat. The August 6 article recites that booster seat use nationwide is estimated at only 10-20%. The article also cites a study by the Children's Hospital of Philadelphia demonstrating that risk of injury is reduced by 59% for kids 4 through 7 using booster seats instead of seat belts. The new law should result in reduced incidence of TBI among children.

IV. CODES Fact Sheets

The Delaware Office of Emergency Medical Services recently shared the attached fact sheets developed by the Crash Outcome Data Evaluation System (CODES) Project. They contain informative statistics on injury prevention in the following contexts: 1) motorcycles; 2) bicycles; 3) passenger limitation for 16-17 year old drivers; 4) and drinking and driving.

The bicycle fact sheet is based on 2002 data. Since it would be helpful to obtain updated data on bike-related injury statistics 16 and 17 year olds to support the Council's bike helmet bill, Brian recommend that data on this age group be solicited.

Kyle will solicit some more recent stats on 16-17 years olds.

V. National Athletic Trainer' Association Position Statement: Sports-related Concussion

Virginia Corrigan, State Chapter Director, ThinkFirst Delaware, recently shared a position statement on management of sports-related concussion. The document is very comprehensive and covers the following topics: 1) defining and identifying concussion; 2) evaluating and making return-to-play decisions; 3) concussion assessment tools; 4) physician referrals; 5) disqualification of an athlete; 6) special considerations for young

athletes; 7) home care; and 8) equipment. The document may be a useful resource in training coaches, sports officials, and others on the above topics.

Brian added that even though this document is two years old, this will be helpful when the training for the coaches and sports related officials is being done. Kyle will make sure that Jane has this document for the December training of the athletic officials.

VI. NCC Property Tax Abatement Ordinance [07-114]

On September 7, Brian forwarded the following memorandum to the SCPD recommending submission of comments on a proposed NCC property tax abatement ordinance scheduled for a vote on September 11. Brian is supplementing that memo with a September 10 article and fact sheet. Given the effect of the ordinance on homeowners with disabilities in New Castle County, other organizations may wish to submit comments to New Castle County Council.

Brian noted that the New Castle County Council is going to vote tomorrow night on the NCC property tax abatement. Brian has included below a couple of charts to show how this works with the elderly and persons with disabilities.

MEMORANDUM

To: SCPD, DDC, & GACEC

From: Brian Hartman

Re: NCC Real Property Tax Exemption (Ordinance 07-114)

Date: September 7, 2007

I write in advance of the September 13 P&L Committee meeting to provide commentary on a New Castle County Ordinance on the agenda for the September 11 New Castle County Council. If the Councils wish to influence this initiative, prompt action would be appropriate.

NCC Real Property Tax Exemption (Ordinance 07-114)

This ordinance would revise the current exemptions from real estate taxes for seniors and individuals with disabilities in New Castle County. It would also affect sewer bills for seniors and individuals with disabilities.

As background, the Delaware Code [Title 16 Del.C. §§8131-8141] requires counties to grant an exemption of \$5,000 to seniors with incomes up to \$3,000 (\$6,000 for couple). These statutes are very old and these amounts were adopted in the 1970s

Over the years New Castle County has maintained a property exemption program which exceeds the State standards. The current ordinances (attached) reflect the following standards:

	Income Cap (excludes Social Security & RR Retirement)	Property Tax Assessed Value Exemption	Cap on “Expensive” Real Property
Elderly	\$50,000 individual \$50,000 couple	\$50,000	None
Persons with Disability	\$40,000 individual \$40,000 couple	\$40,000	None

According to the attached August 7, 2007 News Journal article, the income cap for the elderly was increased in 2004 from \$40,000 to \$50,000. Both Kent and Sussex Counties also maintain tax exemptions for the elderly and persons with disabilities. However, they are less generous. For example, consistent with the above article, Kent County exempts \$25,000 in assessed value for the elderly and persons with disabilities with income caps (exclusive of Social Security and RR Retirement) of \$12,700 (individual) and \$25,000 (couple).

The new ordinance, and the article, recite that persons currently qualifying for the above exemptions would be unaffected, i.e. grandfathered. For new applicants, the following standards would apply:

	Income Cap (excludes Social Security & RR Retirement)	Property Tax Assessed Value Exemption	Cap on “Expensive” Real Property
Elderly	\$22,500 individual \$27,500 couple	\$32,000	\$125,000 Assessment (equates to \$400,000 market value per article)
Persons with Disability	\$22,500 individual \$27,500 couple	\$32,000	\$125,000 Assessment (equates to \$400,000 market value per article)

The above income caps are higher than those originally proposed. The article refers to \$15,000 (individual) and \$19,000 (couple) income caps.

Sewer bills would also be affected. The current ordinance would “grandfather” the elderly and persons with disabilities qualifying for the property tax exemption to “a fee adopted by ordinance”. See Ordinance 07-114, Section 3, Par. F. According to the article, this is currently a flat fee of \$36.00 annually. For persons qualifying for the property tax exemption in 2008 forward, the sewer fee would be 50% of total charges or the minimum bill, whichever is greater. See Ordinance 07-114, Section 3, Par. G.

Brian has the following observations.

First, the “grandfather” provision merits endorsement. The elderly and persons with disabilities are often on fixed incomes who have grown to reasonably rely on the current exemptions.

Second, the new ordinance restores equity by adopting the same standards for the elderly and persons with disabilities. This equity had been displaced by the 2004 ordinance. This restoration merits endorsement.

Third, it should be recognized that the property tax exemption for persons with disabilities is particularly beneficial to minorities. See Jack Markell, Delaware State Treasurer, “Delaware Facing Forward: A Look at Delaware’s Demographic Future” (2007). (available at www.Treasurer.Delaware.gov). The report notes that minorities are significantly overrepresented among persons with disabilities:

Delaware’s increasing proportion of racial and ethnic minorities, particularly African Americans and Hispanics, will have effects on the state’s health care system. African Americans in Delaware are more likely than whites to experience adverse health outcomes as infants and children ...and as senior citizens (such as heart disease, cancer, stroke, and diabetes). ...The increased incidence of chronic diseases may be one reason why African Americans require home health and nursing home care at earlier ages than whites. And African Americans are more than three times as likely as whites to be hospitalized. ...Delaware African Americans are three times more likely than whites to be enrolled in the Medicaid program...

At 29.

Fourth, the income caps (\$22,500 individual; \$27,500 couple) should be placed in perspective. Consistent with the attachment, a couple qualifying as elderly or disabled with \$22,596 (\$1,883 monthly) in annual income is in such financial distress as to qualify for Food Stamps. Likewise, the State recognizes the financial straits of the elderly and Social Security disability beneficiaries by providing prescription drug benefits to single individuals with income of \$20,424 (200% of the Federal Poverty level). See Title 16 Del.C. §3004B. It would be preferable to adopt caps which do not exclude individuals and couples with marginal income. It would also be preferable to establish an inflationary index so the cap keeps pace with inflation. To fulfill both considerations, the

County should favorably consider adoption of a 250% of the Federal Poverty level standard. This would equate to \$25,530 (individual) and \$34,230 (couple).

Brian recommends that the Council share the above observations and recommendations with County Council on an expedited basis to ensure consideration at Council's September 11 meeting.

Brian suggests that Kyle write a letter from the SCPD to the NCCo Council consistent with the information in the PATBI report. It will also be noted that while Sussex County tax exemptions also appear less generous, reasonable minds may differ since property taxes are lower than Kent County and three times lower than New Castle County and attach the February 14, 2005 letter from Sussex County to SCPD. It was agreed that Kyle will fax the letter to NCCo members tomorrow.

ANNOUNCEMENTS

John introduced Collette McKee, the new BIAD administrative assistant. Jim Burcham has resigned from the BIAD.

Al Rose referenced two articles that are included in today's hand-outs. One is about a pilot program that Easter Seals has launched for Veterans with TBI returning from Iraq and Afghanistan. If this program works out (it is now in 4-5 places in the Country), it will be taken nationwide. The other article is entitled "Brain Damage Plagues Thousands of GIs".

Kyle said that the correct (final version) MOU between DSAAPD and DDDS for the Brain Injury is also included in today's hand-outs. Please disregard the draft version MOU that Kyle had forwarded electronically to you. Kyle said that since this MOU is not effective until December 1, 2007, if you have any comments, please let him know.

ADJOURNMENT

The meeting was adjourned at 3:45 pm.

Respectively submitted,

Kyle Hodges
SCPD Administrator

